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## **TRANSMITTAL FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

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	Application Number	09/826,357						
	Filing Date	June 14, 2000						
	First Named Inventor	Ralf HAFERBECK 2616						
	Art Unit							
	Examiner Name	S. Tsegaye						
	Attorney Docket Number	449122029900						

ENCLOSURES (Check all that apply)										
x Fee Transmittal Form		Drawing(s)	to TC							
Fee Attached		Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences							
Amendment/Reply		Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)							
After Final		Petition to Convert to a Provisional Application	Proprietary Information							
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Address	Status Letter							
x Extension	of Time Request	Terminal Disclaimer	X Other Enclosure(s) (please Identify below):							
Express A	bandonment Request	Request for Refund	Return Receipt Postcard							
Information	n Disclosure Statement	CD, Number of CD(s)								
Certified Copy of Priority Document(s)		Landscape Table on CD								
Reply to Missing Parts/ Incomplete Application		Remarks								
Reply to Missing Parts under 37 CFR 1.52 or 1.53										
57 GFK 1.52 0F 1.55										
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT										
Firm Name										
Signature () /		000								
	Morah	Marke								
Printed name Deborah S. Gladste		in ,								
Date May 8, 2007		Reg. No.	43,636							

PTO/SB/17 (02-07)
Approved for use through 02/28/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Labor Work Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number											
	Complete if Known										
Effective on 12/08/2004. Foos pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 09		09/826,357					
FEE	Filing Date Ju		June 14, 2000								
	For FY 20	07				<del></del>	alf HAFERBECK				
	1011120	<u> </u>		Examiner Name S. Tsegaye							
Applicant c	laims small entity status	s. See 37 CFR 1.27	, 	Art Unit 2616							
TOTAL AMOUNT OF PAYMENT (\$) 1,520.00				Attorney Docket	No. 4	449122029900					
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
x Deposit Acco	unt Deposit Account No	ımber: 03-1952 D	eposit Acc	ount Name:	Mor	rison & Foerst	er LLP				
For the ab	ove-identified depos	it account, the Di	rector is	hereby authorize	d to: (chec	k all that apply)					
x Cha	rge fee(s) indicated	below		Charge	e fee(s) ind	icated below, ex	cept for th	ne filing fee			
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17											
FEE CALCULA	TION										
1. BASIC FILING,	SEARCH, AND EX	AMINATION FEE	S								
	FIL	ING FEES	SE	ARCH FEES	EXAMIN	ATION FEES					
Application Typ	e Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity ) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Foos F	aid (\$)			
Utility	300	150	500	250	200	100	10031	ara (v)			
Design	200	100	100	50	130	65					
Plant	200	100	300	150	160	80					
Reissue	300	150	500	250	600	300					
Provisional	200	100	0	0	0	0					
2. EXCESS CLAII	M FEES						Fee (\$)	Small Entity Fee (\$)			
Fee Description Fach claim over 2	0 (including Reissu	cs)					50	25			
	claim over 3 (inclu						200	100			
Multiple depende		anig iversaces)					360	180			
Total Claims	Extra Claims	Fee (\$)	Fee F	Paid (\$)	Mu	Itiple Depende	nt Claims				
-	= x	=				*****	ee Paid (\$	)			
HP = highest numbe	r of total claims paid for,	f greater than 20.						_			
Indep. Claims	Extra Claims	Fee (\$)	Fee F	Paid (\$)				<del></del>			
HP = highest numbe	r of independent claims p	aid for if greater that									
_		ald for, it greater than									
3. APPLICATION  If the specification	on and drawings exc	reed 100 sheets o	fnaner	(excluding electro	onically file	ed sequence or a	computer				
								)			
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
Total Sheets	Extra Sheets	Number o	of each a	dditional 50 or frac	tion thereof	Fee (\$)	Fee	Paid (\$)			
- 100 = /50 (round <b>up</b> to a whole number) x =											
4. OTHER FEE(S)  Fees Paid (\$)											
Non-English Specification, \$130 fee (no small entity discount)											
Other (e.g., late filing surcharge): 1401 Notice of appeal 500.00 1253 Extension for response within third month 1,020.00											
	<u> </u>	1200 Extension	i ior res	sponse within th	na month		1,0	20.00			
SUBMITTED BY	<u> </u>	100									
Signature	Jebrahs	Mark		Registration No. (Attorney/Agent)	43,636	Telephone	(703) 76	0-7753			
Name (Print/Type) [	Deborah S. Gladst	ein				Date	May 8,	2007			